



Experiences
of
Senior
Caribbean
Women
in
Canada

ELDER ABUSE

Everybody's Business

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Experiences of Senior Caribbean Women in Canada

Written by:

June Heaven

of

Unravels

The Education and Health Consulting Service

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Table of Contents

INTRODUCTION	1
THE PROCESS	4
I. WHAT IS ELDER ABUSE?	6
II. CARIBBEAN SENIORS TALK ABOUT ELDER ABUSE	9
Sharing Stories	11
III. VULNERABILITY OF CARIBBEAN SENIORS TO ELDER ABUSE	14
Their Thoughts - Their Views	16
IV. THE FAMILY CAREGIVER	18
A Caregiver's Story - From The Other Side Of The Bedroom Door	19
V. HEALTH CARE PERSONNEL AND OTHERS WHO WORK WITH CARIBBEAN SENIORS - Their Views	21
VI. RECOGNIZING AND DEALING WITH ABUSE OF CARIBBEAN SENIORS	26
Signs Of Abuse	27
Housing	28
Reporting Abuse - It's The Law	30
Tell It...Report It...Prevent It...Stop It	31
VII. RECOMMENDATIONS	33
SUMMARY	36
RESOURCES	39
REFERENCES - WEB SITES	46

LIFE LINES

*As time etches lines
across my face,*

*may they read strength,
not weakness,*

*also patience,
especially with myself*

*as my feet slow in pace,
my hands grow clumsy.*

*May my image
still reflect pride*

in the mirrors along life's corridors.

*When inertia sets in
May my spirit continue*

*to dance on sunlit lawns,
in moonlight memories.*

~ ~ Rose Mary Sullivan

Introduction

The International Year of Older Persons, 1999, was dedicated to heightening awareness of the aging of the world population and the problems encountered by older persons. One of the biggest problems was elder abuse, which has been shrouded in a veil of silence similar to that of spousal and sexual abuse.

Between 1989 and 1995, Health Canada and the Ontario Network for the Prevention of Elder Abuse launched several initiatives to educate the public about elder abuse. These included an information line at St. Joseph's Hospital in Toronto, work shops and conferences, and production of a video, manuals and pamphlets for distribution.

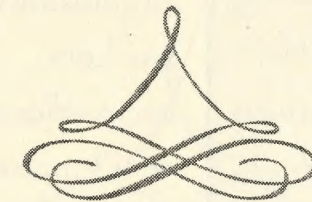
The Government of Ontario also established a Round Table on Elder Abuse, to provide advice on helping communities in Ontario combat elder abuse. Round Table members included long term care agencies, seniors, the police service, and medical, postal, pharmaceutical, and telemarketing agents. The co-chair, Dr. Elizabeth Podniecks, was also founder and head of the Ontario Network for the Prevention of Elder Abuse. In 1992, she completed a study of women over the age of 65 years old living in Ontario, and concluded that the rate of elder abuse was four per cent which is approximately 31,100 women. This

confirmed the prevalence of the problem and heightened a much needed awareness of the crime. Knowledge of these statistics prompted the Jamaican Canadian Association ("JCA") and its affiliate, the Caribbean Canadian Seniors' Club to examine the issue within the Black and Caribbean communities. As in many other cultural communities, Caribbean seniors endure elder abuse in silence and shame, many unaware that help is available.

With support from the Canadian Women's Foundation, the JCA hopes to achieve the following with this booklet.

- Raise awareness of elder abuse in the Caribbean community and in the wider society, in order to help break the wall of silence and shame.
- Encourage citizens to bring forward stories and information about elder abuse in the Caribbean community.
- Give information to seniors and their caregivers on how to identify and deal with elder abuse as manifested in Caribbean culture.
- Prevent and reduce incidents of elder abuse.
- Provide written information about elder abuse in the Caribbean community. At present, there is a lack of written material on the subject.

This booklet is written primarily for use by individual seniors, their organizations, families, healthcare workers, members of law enforcement and other services for seniors.



The Process

The process of collecting information involved the co-operation of a number of individuals and organizations. The aim was to get as wide a database as possible and thereby ensuring a diversity of perspectives.

Information was sought from seniors as well as community organizations, nursing, social workers, mental health counsellors, shelters, seniors' residences and the Metropolitan Toronto Police Elder Abuse Program. The participatory nature of this project brought to light the fears, concerns, dangers and humiliation of elder abuse.

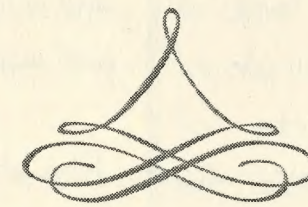
Personal interviews were held with seniors, mostly women, who had themselves experienced abuse or were aware of the abuse of other senior(s). Focus group discussions were held with seniors' groups in community centers.

The input of individuals who had worked, or who are currently working on similar elder abuse projects, proved invaluable. Some senior males who volunteered to be interviewed, had valid tales of personal elder abuse or related abusive incidents involving other senior males.

Both the interviewer and interviewees signed a contract of confidentiality and anonymity. When requested, permission for

the use of a tape recorder was freely given.

A broad-based library and internet research yielded much valuable information on elder abuse in Canada and the United States of America.



I. What is Elder Abuse?

Elder abuse is intentional neglect, lack of appropriate action, single or repeated wilful acts of mistreatment that harm the health and well-being of an older person.

In most cases, the abuser is someone who has care or custody of the elder, and is in a position of trust and authority.

The abuse comes in many forms and runs the spectrum of occasional acts of "bad treatment" to life threatening acts. A

behavior portrayed as a benefit to a senior may in fact be intended to exploit, defraud, and neglect and thereby violate the human rights and dignity of the individual.

The following are forms of elder abuse and examples of **some** types of behaviours frequently inflicted:

Physical: Being punched, kicked, slapped, beaten, forcibly confined or unreasonably physically restrained.

Verbal: Being threatened or subjected to degrading or demeaning language.

Psychological/

Emotional: Being subjected to willful infliction of mental suffering. This includes words or actions meant to isolate, intimidate, threaten, humiliate, harass, confuse or instill fear; also actions such as arbitrarily opening mail, destroying the elder person's property and enforcing isolation.

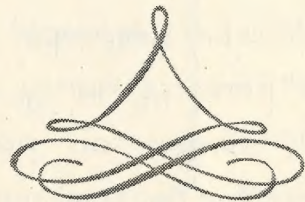
Financial: Exploitation, improper or illegal use of an older person's money or property, scams, theft, abuse of power of attorney, withholding financial support.

Neglect: Failure to provide essential and adequate care such as provision for safety, personal hygiene, clothing, food, shelter and medical care, both physical and mental.

Sexual: Any unwanted sexual touching or threats of sexual touching.

Seniors who are abused come from all levels of society and are in various kinds of relationships with the abuser(s). All degrees of intellectual ability, mental competence, physical capabilities, and emotional stability are represented in this group. The victim of elder abuse is generally a female with limited financial resources.

The abuser, too, comes from all levels of society and is most often known intimately and well trusted by the abused. They usually already have some power and authority over the victim or are trying to gain power and control. A spouse or partner, a child, a relative, a friend and professional and non-professional healthcare workers have been known to abuse seniors.



II. Caribbean Seniors Talk About Elder Abuse

On hearing the phrase "elder abuse" there would be an immediate response, either verbal and/or non-verbal, from seniors in the focus groups.

A brief stillness from some participants, disappearing smiles from others, and, from most, an expression of deep concern. Then, their words:
"Makes me feel very sad"
"I experience fear"
"Anger!"
"Will I be next?"
"How do I deal with it?"
"Why live to this age for that to happen to you?"

Some seniors, in the focus groups, were adamant that elder abuse does not exist in their Caribbean country of origin. After much debate, there was some concession that, as with other forms of abuse, elder abuse in the Caribbean could have been hidden, or the occurrence so rare that it was not seen as a problem.

In general, they spoke of almost all types of abuse, except sexual. It would appear that they had had no knowledge of or experience with sexual abuse. Physical abuse was reported as occurring mainly as beatings, being slapped, and in one case being kicked. There were reports of friends experiencing great hardships, "bad treatment" or physical abuse.

One woman said "I feel very abused, and stupid when my doctor ignores or minimizes my symptoms." When asked "Do you really see that as abuse?" her response "Of course I am being abused! My self esteem was battered!"

A senior gave an example of continued denial of a service that she was entitled to. In this case the senior asked her superintendent to fix her damaged apartment floor; after repeated requests it remained unfixed. On the other hand a neighbour with a similar request got hers fixed immediately after making her request even though hers had been made much later. "Mine is going on two years, of asking and asking."

A founding member of the Jamaican Canadian Association and President of the Caribbean Canadian Seniors' Group said that elder abuse is insidious, difficult to pinpoint and affects us all. "We must get together to eliminate it." She also believes that because many Caribbean seniors are . . . "trusting and naïve we need to educate them more about being abused."

Sharing Stories

Ester - Ester's sister Rose had beaten her. A friend tells the sad story of Ester who had experienced physical abuse at the hands of her sister, and who was now at risk for financial abuse.

"A neighbor called the ambulance and police. They came to take her to the hospital. Rose told the police that Ester would not listen and do what she is told so they are not to bring her back to her house. When she was discharged she had nowhere to go so I took her in, and she stayed with me for over two years. She stayed with me until she became too ill for me to cope, then she was hospitalized for a second time."

She continued, "Ester's young niece Penny, who had not visited Ester for years, started visiting and tried to be the designated person responsible for Ester's financial affairs. They all were aware that Ester had received a letter informing her she would soon be getting social security and possibly assisted housing. Ester cannot read or write so someone would have to sign for her and the niece wants to get in on the action."

At time of writing, the Ontario's Office of the Public Guardian and Trustee had taken responsibility for Ester's financial affairs pending a final decision of guardianship.

Gwendolyn - Gwendolyn told of being abused by the stepmother of her son, and eventually by her son through his silence. They all live together in the son's house. "She would set the table but would not include a place for me. They did not give me phone messages and most of the time they did not speak to me. I found my son's silence the hardest. When I was home I started spending most of my time in my bedroom."

Mary and Cecil - Mary got married in her forties. Her husband Cecil, worked very sporadically for about five months at a time. In Mary's words "He never contributed anything. /s me alone! I pay the rent, buy the groceries, pay the utilities...I had to work two jobs, sometimes I go from one to the other, so much stress all the time!" She said Cecil was a very affable person well liked by all and very popular among his church members. In fact she said there were many times that he took groceries from the house to give church members in need.

Cecil would take off for weekends, months, a year, and once for four years without informing Mary of his intent to be away. There was no contact when he was away and on his return life went on just as before. Cecil it seemed, did not work, and on more than one occasion used the rent money for personal use. Once he convinced Mary to co-sign for a loan for another of his money-making schemes, and on another occasion took off leaving such an enormous telephone bill that she lost the service. It seemed at times that her life was in constant turmoil; big bills and/or a missing husband. She would just go from one financial mess to another.

Mary tells her story without anger and self-pity but one sensed a great deal of sadness and regret. She commented that at times recalling her experiences with Cecil still brought much "shame and sorrow." One never got the impression that Mary saw or even now sees herself as a victim of elder abuse. With awareness of support systems, individuals such as Mary will hopefully seek help and not continue in a rectifiable situation.



III. Vulnerability Of Caribbean Seniors To Elder Abuse

The aging process is fraught with multiple physiological and psychosocial changes. Seniors, no matter their ethnic origin, face these physical, mental and social changes that tend to increase their dependence on others; thus their vulnerability to abuse.

Reduction in vision, mobility, memory, and in bladder and bowel integrity all conspire to make seniors rely on others for basic care, recreation and other aspects of daily living. Simple tasks, previously routine, now become challenging. For example, doing bank transactions. "I need to go to the bank - no transportation! I cannot take the bus and I cannot afford a taxi so I have to give my bank card and password to someone to do my banking. I

ask my neighbour." A potential high-risk situation for financial abuse!

One reported case of financial abuse is of a daughter who regularly withdrew money for personal use from her mother's account. This was done without her mother's knowledge.

Generally, seniors don't report abuse. This may be due to:

- fear of reprisal, or concern about consequences for the abuser(s)
- embarrassment
- dependency on the abuser
- not having access to individuals they would be comfortable telling about the abuse.

This scenario is no different for many Caribbean seniors.

The Caribbean seniors described these as situations that make them more vulnerable for elder abuse:

- Being isolated or shut-in either on purpose by an abuser, or because adult children move away from home, or by the death of a spouse
- Reluctance on the part of some seniors to deal with people in authority
- Uncertain immigration ("landed") status, which increases the senior's dependency on a family member
- Language barriers. Although most Caribbean seniors speak and understand English well, they have concerns

about being understood when they speak in Caribbean dialect or accent. Others may have concerns of fluency or expressive ability.

Their Thoughts - Their Views

"What do you think are some of the reasons why seniors are vulnerable for abuse?" When asked this question some Caribbean seniors responded:

- "Because we are old they think we are stupid."
- "They think we don't remember so they tell us anything; also we may not be believed if we report something."
- "We are not aware of the scams and we get caught." Keeping seniors abreast of each new and innovative scam would almost be a full-time occupation. One of the Web sites on elder abuse has a link "Press here for the scam of the month."
- "We give up too easily, we don't fight. We give consent when we should not, when we do not want to, or even when we think the request is unreasonable or inadvisable."
- "We trust!"

- "The way we are frequently portrayed in the media. Dependent, low intellectual abilities, slow..."
- "The way young people are brought up now, the "me first" generation. We are giving them too much."
- "Young people often have no time or patience for us and sometimes they try to push us aside."
- "They see us as having money and believe we have nothing to do with our money." They are always sponging (borrowing) from us and do not repay."
- "We do too much for them" (the family).
- "We have four strikes against us we are old, black, female and poor." Age, race, gender and economic status!



IV. The Family Caregiver

In the Caribbean culture, caring for a senior relative very often becomes the responsibility of the adult daughter. Many such women find themselves sandwiched between caring for both their young children and for senior parents or relatives, whether they live with them or not. As a result, it is most often daughters who abuse Caribbean seniors.

In the broader society, abuse of seniors also occurs at the hands of a family member with mental health problems, a history of drug or alcohol abuse, or a history of abuse from the person they are now abusing. This may also be true of Caribbean families, but this project does not have enough data to support that fact.

More community agencies and groups are now starting programs to help caregivers cope. The programs teach appropriate care-giving skills and offer advice on reducing stress.

Some agencies, residences, or programs have or can arrange respite care for the caregiver. This gives the caregiver temporary relief and much assurance that the elder relative will be safe, comfortable and in an environment staffed with qualified workers.

In the words of the representative of the Metropolitan Toronto Police Service's Elder Abuse Program, "We have to get to them (the caregivers) before they snap and become abusive."

A Caregiver's Story: From The Other Side Of The Bedroom Door

"I had to get her in there! (the bedroom) I had to! Somehow I had to stifle her screams without doing what I felt like doing." Jenny was relating her struggle to get her mother, Kate, in the bedroom to quieten her screams as she cursed Jenny of whatever her befuddled mind felt was a justifiable reason.

Jenny and her mother lived together in Jenny's subsidized housing apartment. Jenny explained her embarrassment at the thought of her neighbours knowing the type of relationship she had with her mother. She worried that her landlord would evict her for the noise caused by her mother and for having a second resident in the apartment.

She continued, "After a big battle, and a marked increase in the volume of her screams, I finally got her in there. I closed the door and turned the radio up 'full blast', now no one could hear her and she could curse me as much as she wanted. My mother has never liked me; my brother was always her favorite. He has the power of attorney. He refuses to sign the consent for her

to live in a nursing home and he will not take her to live with him." Kate's dementia increased and she became at greater risk being at home alone while Jenny worked. After one very frustrating day with Kate, Jenny phoned her brother to say that one day soon she would be sending Kate, by taxi, to live with him. He was quite shaken by the definitive tone of her voice and finally gave his consent to have their mother placed in a nursing home.

Jenny now visits Kate almost daily, bathing and assisting with her care. "I love you my daughter!" are words Jenny says she now hears from a mother who finally seems to know the one who really cares for her.

This story reveals a reversal in our portrayal of abuse. Here the child is being abused by the elderly parent and has managed to restrain herself from becoming abusive. "I used to ask her "Mammy what are you trying to do to me?" She is my mother after all, so what else could I do?"

Jenny had a few words of caution "Unless you see the abuse or know for sure it is happening you cannot believe everything they say. Their minds play tricks on them."



V. Health Care Personnel And Others Who Work With Caribbean Seniors

Workers in institutions and community agencies have much to tell about abuse involving Caribbean seniors.

They report that self-revelation of elder abuse is on the increase in the Caribbean community, their Caribbean clients are increasingly speaking out. The nurses and community, social, or mental health workers are more frequently given information on

elder abusive situations.

One social worker described the following as factors contributing to abuse of her elder clients:

- The abused person is frequently isolated.
- The abused person depends on the abuser for accommodation and for financial and emotional support.
- The abuser is retaliating from being harassed by a parent who cannot accept the role reversal, and is striving for continued power and control.

- The abuser, most often the daughter, is frequently a distraught caregiver who is "sandwiched" between caring for her young children and older parents or relatives.
- Tensions from overcrowded housing conditions - in particular where the older person was sponsored and the housing was not adequate for the extra person who now shares it.
- Sponsorship breakdown, often resulting in reluctance to continue assuming responsibility for the sponsored elder.

It is known that aside from being abused in their own homes, many Caribbean seniors also face abuse in care institutions. Here, the abuse is most often physical - such as unreasonable use of physical restraints or excessive use of medications to sedate.

One nursing home worker admitted seeing incidents of physical and psychological abuse where both the abused and the abuser were of Caribbean heritage. Psychological abuse was mostly in the form of:

- scare tactics
- being ignored when comments or requests are made
- inadequate or inferior care

- threats
- shouting at the senior.

Physical abuse took the form of shoving in the bed, rough handling and excessive use of physical restraints and sedative type medications administered under the guise of client well-being. When asked if she reported any of the incidents of abuse, her reply was "No. You do not want anyone to be disciplined, lose a job, or end up in court, so you keep quiet."

Others agreed saying that workers in an institution may witness a co-worker abusing a senior, yet not report it because they do not want to become involved. They sometimes want to protect a peer from discipline or being fired, or they may be afraid of involving the police.

Another worker confessed to hitting a client. "She slapped me in my face. My reaction was instinctive. I did not think. I just reacted and hit her in return. I knew then that I had to change my job and some months later I took a course to qualify for an entirely different field. I have not regretted the change, I did not want to become like some of the other workers."

Many service providers have wondered whether a senior's mental health plays a role in the abuse he or she receives at home or in care. However, a police officer with the Metropolitan Toronto Police Service's Elder Abuse Program made the comment that "many are vulnerable, but not mentally incapable."

One mental health worker felt that seniors who are mentally ill are much more vulnerable to abuse, and to multiple forms of abuse. She cited the example of a son cashing and keeping his mother's monthly pension and also abusing her verbally.

Health workers have noticed that of all the abuse that occurs involving Caribbean seniors, sexual abuse is the most rare form.

Care Workers Witness Elder Abuse

- "She was hit in the mouth by her daughter and told to leave the home." The mother is now trying to get into a senior's apartment.
- "The daughter, son-in-law and grandchildren were all abusive to Ena who was sponsored to help care for her grandchildren ages five and nine."

Ena's daughter and son-law both worked very long hours and Ena did not know anyone in Canada except the family members. She was only taken to family events, and was not given any time-off by herself. "She has started drinking and the family knows but no one is addressing the problem." The informer ended with the very telling phrase "Used, then abandoned!"



- Another mental health worker gave an example of a senior who was also sponsored here to assist with child care. She had a stroke and was therefore unable to fulfill her role. She was frequently left in the house alone even though she was unable to move. The eventual intervention of social service workers rescued her from abandonment and what was essentially her prison.



VI. Recognizing And Dealing With Abuse Of Caribbean Seniors

No one deserves to be abused and especially not senior men and women who have made so much contribution to their families and society over their lifetime.

It is important to know how to detect abuse and the potential for abuse, among Caribbean seniors. They often don't speak of it (though that is changing), and witnesses rarely report it. The shame attached to being a victim of abuse requires a sensitive approach.

Language - both in choice of vocabulary, accent and dialect of the suspected abused senior will be key to the start of obtaining trust and disclosure.

Workers in institutions and community agencies have developed ways of detecting the signs and symptoms of elder abuse. Family members and friends who suspect that a senior is being abused can use these same methods.

Individual and institutional research aim to develop, validate and standardize tools to identify and assess potential abusers, and seniors who are at high risk for abuse or reoccurrence of abuse.

One such tool, to be completed by trained professionals involved in the care of seniors, examines the caregivers' personal and social problems and the seniors' social support and abuse history.

Signs Of Abuse

In all forms of abuse, signs and symptoms are frequently seen in both the abuser and the abused. Some signs are easily recognized while others are more covert, less obvious and more difficult to detect. Any suspicions of abuse should be confirmed only after a discussion with the person who is suspected of being abused.

Some signs are:

- The person responsible for the financial affairs of the abused buys things or rents housing that is well cheaper than what the abused person can afford.
- Valuable personal belongings of the abused go missing.
- The abused person is deliberately isolated, having contact only with the caregiver who may make deliberate attempts to prevent others from contacting the elder.
- Indications of neglect may be evident in personal hygiene,

diet and in their environment: soiled clothing, an offensive body odor, sores, dirty surroundings, appearance of being malnourished, or any combination of these are tell-tale signs of abuse and neglect.

- Indifference, aggression or coyness on the part of the caregiver towards the elder.
- Substance abuse, suicidal acts on the part of the elder.

Housing

An elder person in crisis from being abused may need to escape to a temporary "safe haven". Unfortunately, few such spaces are allocated specifically for abused seniors. In addition, one social worker stated that in her experience many abused Caribbean seniors prefer to stay in the abusive home rather



than go to an emergency shelter, where they may feel socially and culturally isolated. Abused Caribbean seniors often end up in the home of a friend who assumes the role of caregiver.

The media have been extensively reporting on the financial and housing needs of seniors in the wider community. Caribbean seniors are no exception, having similar needs for affordable housing and financial assistance. Many of the Caribbean

seniors have no source of income, do not meet the residency requirement to receive the full Old Age Security Pensions, and have minimal or no income from other pension plans. This low-income state, coupled with inadequate subsidized housing could result in many more Caribbean seniors finding themselves in a state of dependency. They may be forced to sacrifice their independent lifestyle and live with relatives or friends who may also be in a position of financial need. As previously discussed, the risk of elder abuse increases as dependency on family for shelter and support increases.

In spite of many deficiencies, one positive observation is that there are a number of Caribbean seniors with the means to enjoy a financially independent lifestyle and live in relative comfort and security. During one focus group discussion the question was asked "Do you consider yourself as living an independent lifestyle?" A joyous spirit indicating a sense of freedom was evidenced by this almost unanimous response from many of the participants "Yes I am independent."

Reporting Abuse - It's The Law!

The law sees elder abuse as a crime, and is very clear about the reporting of elder abuse.

If the abuse takes place in a nursing home or in a hospital it must be reported. If a nurse or other worker sees a peer abusing a senior, this must also be reported - either to the manager of the department or to the abusive worker's professional body.

If the abuse takes place in a home for the aged or in a private place of residence, the law does not require the abuse be reported. However, abuse is a criminal act and therefore should be reported to the police.

If the police has evidence of the abusive behavior such as a beating, they can lay charges - they do not have to wait for the abused person to lay the charges. If no charges are laid, there is a real possibility that the abuse will continue and escalate. In some instances the abused senior may be angry if charges are laid depending on the relationship to, or degree of dependency on the abuser.

Tell It! Report it! Prevent It! Stop It!

Help in preventing crimes against seniors comes in many forms. According to a representative of the Metropolitan Toronto Police Service, "We try to be proactive in our work in the area



of elder abuse, so we try our best to get at it before it becomes a police matter. We ask the public, please get to us with the high-risk cases so we can arrange preventative interventions."

They also have programs for seniors to help increase their awareness of the various crimes of fraud (scams). These programs should help seniors feel secure in the knowledge that fraud is a crime and should be reported. The seniors should also know that there is no penalty, to them, for reporting fraud.

To report elder abuse, contact:

Toronto Rape Crisis Center - 24-hour hotline
416-597-8808

Metropolitan Toronto Police Community Support
Unit
Elder Abuse Program
416-808-7040

Senior's Crime Stoppers
416-222-TIPS (8477)

To report elder abuse in nursing homes or homes for the aged,
contact:

Ministry of Health and Long Term Care
80 Grosvenor Street, Hepburn Block 10th Floor
Toronto M7A 2C4
416-314-5518 or
1-800-268-1154 (outside Toronto)



VII. Recommendations

The ultimate goal of any program on elder abuse in the Caribbean community should be to meet the unique cultural needs of the Caribbean seniors.

Although care should be taken to avoid duplication of services already available in the broader community, the need for culture-specific and culture-sensitive services should be given preferential consideration.

The program should have a multidisciplinary approach and deal with the psychological, physical, economic and functional problems of the vulnerable and abused elders, potential and actual abusers, and their families. It should have a three-pronged approach geared to prevention, detection, and intervention. This can be achieved through education, training, advocacy, self-help strategies, support, and being a resource for caretakers.

The following are some essential components of services and programs on elder abuse:

- Spiritual support and guidance
- Education of the Public about elder abuse

- A counselling service for vulnerable seniors, the abuser, victims of abused and their families. The counsellors should be culturally sensitive
- Mental health assessments
- Education services adaptable to identified learning needs, and including self-help strategies
- Assessing support networks and establishing support groups
- Affordable legal assistance
- Money management counseling and assistance
- Respite programs
- Home delivered meals or working with an existing program, to provide some culturally typical meals
- Adult day care service
- Friendly visitor programs
- Telephone programs such as
 - "check-up" or "good-night" calls
 - help line
 - "whistle-blowing" line
- "Buddy" program.

Important factors when choosing components for a service or program on elder abuse should include:

- The available budget, the type and extent of the abuse, whether the support is needed by the abused or the abuser.



Summary

The many layers of each case of abuse and more specifically elder abuse in the Caribbean community, make the issue very complex and challenging to unravel.

JCA and its affiliate, the Caribbean Canadian Seniors' Club, are trying to assist Caribbean seniors create a healthy holistic lifestyle, free of abuse. *Behaviors which impact negatively on the dignity, respect and level*

of independence of senior persons is totally unacceptable, and need to be addressed. A community worker referring to elder abuse so appropriately said "We have to get to the belly of the beast."

What is the degree or frequency of elder abuse in the Caribbean Community? Where does most of the abuse occur? Who are the main abusers? To respond to those questions with greater validity, this project would have had to be done in much more depth, interviewing many more people, hearing more stories and having more focus groups.

Anecdotal evidence of Caribbean seniors experiencing elder abuse, or as the abuser is sufficient to conclude that elder abuse in the Caribbean community is a problem needing a solution. **One case of elder abuse is one too many!**

Their anecdotes told of abuse by family members, and caretakers - particularly in the healthcare industry, and also of incidents which occurred within the broader community. These specifically referred to government agencies where disrespect is systemic and where they are often treated as non-persons - ignored, passed over, not valued, not listened to and left feeling angry, helpless and hopeless.

The senior, who told the story of Ester, ended her narration on a very touching and poignant note. Her tone of voice, body language and facial expression all demonstrated her sense of powerlessness and defeat as she leaned forward and said with grave intensity:

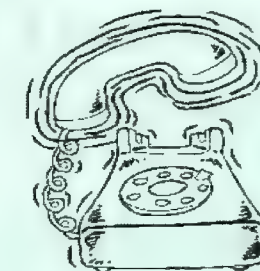
"All I know is I am begging God not to let me stay here so long that I end up like her (Ester)."

*I didn't really have the time
To knock upon her door
To sit and listen whilst she
Told me tales I had heard before.
I didn't think I had the time
To step out of my way,
But I am so glad I made the time
To cheer her lonely day.*

~ ~ From "The Friendship Book" Francis Gay

Resources

Listed below are some of the resources in the GTA, to assist in abusive situations



Jamaican Canadian Association Youth and Family Services	416-746-5772
Caribbean Canadian Seniors' Club	416-746-5772
Seniors Secretariat. <i>They may advocate on behalf of seniors, in some specific situations.</i>	416-326-7060

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Community Information Centres

Metro Toronto	416-397-4635
Scarborough	416-321-6912
Mississauga	905-677-6585
Pamphlets on Elder Abuse are available from	416-408-4420

Internet/Email Addresses

Seniors@hpb.hwc.ca
www.hcw.ca/datahpsb/seniors/senpage.htm

To Report Elder Abuse In Nursing Homes
or in Homes For The Aged

Ministry of Health and Long Term Care
80 Grosvenor Street,
Hepburn Block 10th Floor
Toronto M7A 2C4 416-314-5518 or 1-800-268-1154

Toronto Rape Crisis Center - 24-hour hotline 416-597-8808

Metropolitan Toronto Police Community
Support Unit Elder Abuse Program 416-808-7040

Senior's Crime Stoppers 416-222-TIPS (8477)

Adult Day Care

Mid Toronto Community Services 416-962-9449

Victorian Order of Nurses (VON) 416-499-2009

Seneca Adult Day Program 416-494-7459

Friendly Visiting Services

Caribbean Canadian Catholic Church & Centre 416-534-1145

Canadian National Institute for the Blind (CNIB) 416-486-2500

Bob Rumball Centre for the Deaf 416-449-9691

CareRing Etobicoke 416-743-3892

Care-Giver Relief/Support Agencies

Metro Homes For The Aged 416-392-8928

York Community Services 416-653-5400

Family Services Association of Metro Toronto 416-922-3126

Woodgreen Community Centre of Toronto 416-469-5211

Warden Woods Community Centre 416-694-1161

Emergency Housing

Woodgreen Red Door 416-469-5211
Has 4 dedicated beds for women who are experiencing elder abuse.

Free Dental Services

Broadview Community Health Clinic 416-864-5029

City of Toronto, Public Health Department

Downtown Toronto Health Office 416-392-1410

Eastern Area 416-392-6683

George Brown College Dental Service 416-415-4547

**University of Toronto Dental Clinic 416-979-4927

**N.B. This service is not free.
Their prices are 30% below regular prices.

Assistive Devices and Equipment

Canadian Red Cross Society.

(See telephone book for one closest to you)

They loan equipment and devices.

Ontario Ministry of Health Assistive

Devices Program 416-327-8804

They offer financial assistance.

Hearing

Bob Rumball Centre For The Deaf 416-449-9651

Canadian Hearing Society Outreach 416-964-9595

For hearing impaired seniors.

Bell Canada - Telecommunication Centre 1-800-268-9243

For special needs: hearing, speech, visual and
other physical disabilities. Disabled customers
are entitled to some discounts.

Homemaking

Homecare Program for Metro Toronto 416-229-5806

Visiting Homemaker Association 416-489-2500

Transportation

Canadian Red Cross Society

Etobicoke 416-236-1056

North York 416-224-2202

Scarborough 416-438-5243

Toronto, East York, Weston 416-480-2500

Wheel Trans 416-393-4111

Others

Muslim Community Information & Immigrant Aid 416-392-8928

Visiting Home Makers 416-489-2500

Meals-on-Wheels
(see telephone book for one closest to you)

Canadian Cancer Society
(see telephone book for one closest to you)

Warden Woods Community Centre
Scarborough 416-694-1161
Provides counselling, education and relaxation sessions.
Has a seniors program.
Also has a Care For The Caregiver program.

Ethno-Cultural Seniors Advocacy Project
Rexdale Women's Centre 416-745-0062 ext. 269
A multi-lingual service

Seniors Wellness Clinic, Healthy Connections
Program
University Health Network, Toronto Western
Division 416-603-5902
A multi-lingual service. Promotes and supports
independence, well-being, and healthy aging.

Senior Link

416-691-7407

Non-profit co-operation.

Services are free - home visits, home assistance, advocacy,
meal delivery. They operate three apartment buildings in
the east end of Metro. Some units are subsidized.

Community Care Access Centres

(See telephone book for one closest to you)

Co-ordinates functions of homecare and placement service.

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Simmons, J. L. 67 Ways to Protect Seniors From Crime. First Owl Book. Edition 1993. P.5

Smith, Kerri S. Caring For Your Aging Parents: A Sourcebook of Timesaving Techniques and Tips. American Source Books. Colorado. 1992.

Wahl, Judith and Purdy, Sheila, Elder Abuse The Hidden Crime Advocacy Centre for the Elderly. 1991.

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Web Sites

www.cbc.ca Search Elder Abuse

www.webcrawler.com Search Elder Abuse

Notes

